

ATTENDEES:

(P) Geoff Ritchie	(P) Ricco Bhasin	(P) Susan Britton Payne	(P) Jasmine Tehara
(R) Kulvir Singh Gill	(P) Linda Franklin	(P) Mark Beckles	(R) Michael Torrance
(P) Pardeep Singh Gill	(P) David Charron	(P) Stuart Johnston	(P) Dr. Frank Martino
(P) Dr. Naveed Mohammad	(P) Tiziana Rivera	(P) Dr. Ioana Ciric	(R) Dr. Victor Rajkotwala
(P) Brenda Bushey (Resource)			

Kiki Ferrari

1.0 CALL TO ORDER & DECLARATION OF CONFLICT

The meeting was called to order. No declarations of conflict were made. Dr. Ioana Ciric was welcomed to the Board as the new Brampton PSA representative.

The purpose of the meeting is to approve the credentials presented from the February 10, 2021 Medical Advisory Committee meeting and to approve the proposed approach for the 2021 Quality Improvement Plan.

2.0 APPROVAL OF CREDENTIALS

The draft minutes and corresponding resolutions from the February 10, 2021 Medical Advisory Committee meeting were tabled. Highlights pertaining to the recent new appointments were provided.

The Board was notified that a policy is currently being developed related to patients leaving against medical advice. Both the College of Physicians & Surgeons of Ontario (CPSO) and the Canadian Medical Protective Association (CMPA) have stressed the importance of this policy and the necessity to have physicians and nurses document in the medical record when patients leave against advice.

Q: How often do patients leave against medical advice?

It was noted that this occurs more often than one would think. Documentation should occur in the medical record in line with the CMPA and College guidelines. It is important that this information is always included in the chart as a regular standardized process.

The new executive for the Brampton PSA was announced and includes the following physicians:

Dr. Ioana Ciric, PSA President, Dr. Victor Comondore, PSA Vice President, and Dr. Brian Levy, PSA Treasurer.

A question was asked regarding a statement included on page 10 of the package pertaining to the purchase of IV pumps. The statement says "There is also a plan to spend approximately [REDACTED] on IV pumps and AV equipment that is essential for our surgery program as these items have become industry standard". This statement implies that Osler has been using less than industry standard equipment in the past. It was suggested that the wording be revised to say "equipment renewal" as opposed to "industry standard".

On page 13 of the materials, the names of the physicians moving and seconding the motion are missing. A request to update this information was made.

MOVED, seconded

That the minutes from the February 10, 2021 Medical Advisory Committee meeting be approved as revised - CARRIED

That the resolutions from the February 10, 2021 Medical Advisory Committee meeting be approved as presented - CARRIED

3.0 2021 QUALITY IMPROVEMENT PLAN

A discussion ensued regarding the 2021 Quality Improvement Plan. To date, no direction has been received from Health Quality Ontario on the details for a 2021 Plan. In the absence of any formal direction, the executive team reviewed three options and canvassed other peer organizations to determine what is currently being considered. A recommendation was made to Health Services and Quality Committee to move forward with four metrics: two mandatory and two unmet metrics, both from the 2020 QIP.

Targets will be assigned and presented to the Health Services and Quality Committee in March and will be presented to the Board on March 31 for approval, prior to publicly posting on Osler's website. The Committee is requesting authorization from the Board to move forward with the stated metrics as suggested. It was noted that other peer organizations are taking the same approach and rolling all or part of the 2020 QIP forward. Osler is not an outlier in terms of the proposed approach.

Q: A question was asked regarding the lack of direction – is there a reason for the absence of direction?

Osler reached out to the OHA for guidance on this matter. A document was released by the OHA stating that the QIP is a legislative requirement under ECFAA and therefore organizations are required to develop a QIP irrespective of direction. It was noted that the QIP also serves as part of the patient safety plan which is a requirement of the Accreditation process.

MOVED, seconded

That the Board of Directors endorse the proposed 2021 QIP approach as recommended by the Health Services & Quality Committee – CARRIED

4.0 STATUS UPDATE

The CEO was asked to provide a status update regarding COVID related activities. The following information was shared:

- The number of COVID-19 cases continue to decrease; all positive tests are being tested for variants
- Osler currently has a large number of vaccines available; efforts are underway with Public Health to determine appropriate distribution
- Osler has been dealing with an outbreak at EGH (10th floor) for a considerable amount of time; Osler contacted the Chief Medical Officer and Toronto Public Health for guidance. [REDACTED]

- A virtual urgent care centre has been launched; this initiative will aid in reducing the number of patients present to the Emergency Department
- It was noted that approximately 40-50% of staff have been vaccinated.

A meeting has been scheduled tomorrow with leaders from the Ministry of Health to discuss Project 87. Funding has been provided for these beds until June; [REDACTED] In

centre at BCH and additional works at EGH will also be discussed.

Q: Was a new platform introduced to support the virtual urgent care centre?

The Board was advised that the supporting platform for the virtual urgent care centre was developed in-house.

5.0 ADJOURNMENT

The next meeting is scheduled for March 31, 2021.

MOVED, seconded

That the meeting be adjourned – CARRIED